R-	1029	DS	(4	/04)



\bigcirc	If your name has			
U	changed, mark circle			

`	If your address	has
J	changed, mark	circle

If amended	return
mark circle	

If final return, mark circle.

Hotel and Motel Sales Tax Return

Louisiana Department of Revenue P.O. Box 91009 Baton Rouge, LA 70822-0002 (225) 219-7356 (225) 219-2114 (TDD)

Please use return envelope provided.

FOR OFFICE USE ONLY. Α D Domed Stadium Ernest N. Morial Orleans & Jefferson N.O. Exhibition Filing Hotel-Motel Hall Authority State of Louisiana State of Louisiana Room Rentals Room Rentals Room Rentals period 4% 4% 3% 2% 1 Gross Receipts: (Column A – Sales of tangible personal property) (Columns B, C, D – Room rentals) 00 00 00 00 2 Cost of tangible personal property (used, consumed, stored for use or consumption in Louisiana) Do not enter amounts 00 in shaded areas. 3 Leases, rentals, and services - tangible personal property 00 4 Total of Lines 1, 2, and 3. 00 00 00 00 Allowable deductions 00 00 00 5 A. Room rent (U.S. government agencies) 00 B. Room rent (LA. State and local government agencies) 00 C. Sales of prepaid phone cards x 25% 00 D. Exempt sales of tangible personal property 00 00 6 Total deductions (Add Lines 5a through 5d.) 00 00 7 Amount taxable (Line 4 minus Line 6.) 00 00 00 00 8 Tax (Columns A & B – 4% of Line 7, Column C – 3% of Line 7, Column D – 2% of Line 7) 00 00 00 00 9 Excess tax collected 00 00 00 00 10 Total (Line 8 plus Line 9.) 00 00 00 00 (Columns A & D - 1.1% of Line 10, Column B - 2% of Line 10, Column C - 1% of Line 10) 00 00 00 00 12 Tax due (Line 10 minus Line 11.) 00 00 00 00 Total purchases 00 13 Less sales tax credit 00 14 Net tax due (Line 12 minus Line 13.) 00 00 00 00 (Columns A, B, C and D: 5% of tax on Line 14 for each 30 days or fraction thereof of delinquency, not to exceed 25% in the aggregate.) 00 00 00 00 16 Interest (Columns A, B, C and D: 1.25% per month from due date until paid.) 00 00 00 00 00 00 იი 17 Total tax, penalty, and interest due (Add Lines 14, 15, & 16.) 00 **18 Total remittance** (Add Line 17, Columns A + B + C + D.) Make payment to: Department of Revenue. **Do not send cash.** Pay this amount. 00 EFT Tax Code 04121 Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge. Signature of preparer other than taxpayer This return is due on or before the 20th day of the month following the taxable period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter. Complete only if change in business status has occurred. Please print or type. Date business sold Name of purchaser Date business discontinued

NOTE: If your business has been discontinued or sold, your registration certificate must be sent to the Department of Revenue with this report. If business is sold, the new owner should complete a new application for a separate number.

